**Testimony in opposition to SB 993** **Jody Bishop-Pullan, RDH. BS**
**March 15, 2013**

Dear Senator Gerrantana, Representative Johnson and Members of the Public Health Committee:

My name is Jody Bishop-Pullan. I am a Registered Dental Hygienist, employed by the City of Stamford Department of Health and Social Services as a dental case manager. I speak in opposition to Senate Bill 993 in its present form and support an amendment to include language expanding the scope of practice for dental hygienists by including the Advanced Dental Hygiene Practitioner (ADHP), a master's level educated and trained oral health professional. This concept is not new to the Department of Public Health nor to the Connecticut State Legislature. It was studied as part of the Program Review and Investigation process and was submitted in a bill last year which included both the ADHP and the Expanded Function Dental Assistant (EFDA).

The EFDA model proposed in the current bill relies on direct supervision of the assistant in a dentist's private practice improving production, while the ADHP is proposed to expand care in public health settings to promote access and help eliminate health care disparities. Care provided in public health settings; schools, community clinics and healthcare facilities improves access by reducing the barriers that many people experience such as finances, transportation and time away from school and work. High standards of practice are maintained as public health dental clinics are regulated through licensing by the Connecticut Department of Public Health and abide by approved policies and procedures. Regular quality assurance reviews ensure consistent practice and standards of care. Patient needs are met through the use of multidisciplinary teams and collaboration with non-dental providers such as school nurses, nurse practitioners, social workers and physicians. Programs in public health settings are able to ensure continuity and completion of treatment by providing convenient access and are responsible for delivering culturally competent care. Many people in Connecticut do not have dental insurance. Most of the inquiries I receive about services are from uninsured low income adults and many of the children served in our clinics are uninsured. Their parents struggle to pay for dental services for themselves or go without. The overwhelming response from the public to the annual Mission of Mercy, which provides free dental services over two days, is evidence that the access problem is yet to be solved.

Federally, there is support for the expansion of midlevel providers. The U.S. Department of Health and Human Services, the Health Resources and Services Administration, the Institute of Medicine and Centers for Medicare and Medicaid Services have looked at workforce development, expansion of scope and re-imbursement of mid-level providers as strategies to address oral health care for vulnerable and underserved populations. In the face of spiraling costs, and demands to increase accountability with diminishing budgets, there is pressure on government agencies to assure cost effective measures for maintaining the public's health.

Two foundations concerned with children's health issues have been at the forefront of the discussion about mid-level dental providers; the Pew Center on the States, a division of the Pew Charitable Trusts, and the W. K. Kellogg Foundation. Both have funded many studies on the lack of oral health care for the underserved and have shown a strong interest in creating a mid-level dental provider as a solution. The body of work and opinions generated from groups such as these who advocate on behalf of children are important for directing the discussion away from turf protection and toward advancing the public's health.

Addition of the language for ADHP is crucial for expanding access to care for all residents of Connecticut. It builds on a familiar, rigorously educated, and licensed professional who could expand the continuum of care in community and school settings, reducing the barriers to care faced by many underserved populations. Expanding the scope of practice for dental hygienists to include secondary prevention in the form of limited treatment services would decrease the likelihood of patients needing expensive and possibly life threatening emergency care, saving money and improving health outcomes. Costs would be controlled by providing treatment sooner, by a less costly level of provider. The time it takes to educate a master's level provider would be mitigated by the number of baccalaureate degree dental hygienists currently in the workforce who could complete the program in two years.